CHADRON STATE COLLEGE
Request for Independent Study

(This form must be completed and approved prior to being enrolled in any independent study course.)

PART ONE (to be completed by the Student):

Student Name_____ NUID# _____

EagleMail_____ Anticipated Graduation Term/Year_____

ATTENTION STUDENT:

All Independent Study courses are created as online courses and are billed at the online tuition rate

Please explain **why** you are requesting to take this course in the Independent Study format (**300 char. max**)

***[Student]* I agree to adhere to the proposed learning activities, timeline, and grading process.**

Student Signature _____ Date_____

PART TWO (to be completed by the Instructor):

Proposed Course: Fill in Term Year and Checkmark the Session

SUMMER: 20_____ 4W1____ 8W1____

FALL: 20 _____ 16W____ 8W1____ 8W2____

SPRING: 20_____ 16W____ 8W1____ 8W2____

Course Prefix and Course Number (*i.e., ANTH 231*)_____ **Credit Hours** _____

Course Title* _____

*If course is a "true" Independent Study (400 or 500 Course #), list title to appear on student transcript (limit 20 characters, incl. spaces)

Instructor Name _____

Please provide a rationale for offering this course in the Independent Study format (**300** characters max)

☐ A proposed syllabus with level-appropriate measurable learning outcomes, grading procedures, CSC disclaimers, and course outline **(including due dates)** is attached and has been shared with the student.

***[Instructor]* I agree to adhere to the proposed learning activities, timeline, and grading process.**

Instructor Signature _____ Date _____

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PART THREE (Consideration of Administrative Approval by School Dean and VPAA)

When Parts One and Two have been completed, please submit this form to the **appropriate School Dean**:

Comments by Approving Dean, if any (300 characters max):

☐ **APPROVED** ☐ **NOT APPROVED**

Approving Dean Signature _____ Date _____

- **If APPROVED, the Approving Dean will forward a signed copy of this form to the Vice President for Academic Affairs for review**
- **If NOT APPROVED, the Approving Dean will return a signed copy of this form to the Student and the Instructor**

Comments by Vice President for Academic Affairs, if any (200 characters max):

☐ **APPROVED** ☐ **NOT APPROVED**

Vice President for Academic Affairs Signature _____ Date _____

PART FOUR (Approval for Payment at Course Conclusion)

[Approving Dean] I certify that a grade has been posted for this course.

Approving Dean Signature _____ Date _____

☐ A completed form has been sent to the Human Resources Office for processing of instructor payment.